



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	35	Application No.	09/779,376
		Filing Date	02/07/2001
		First Named Inventor	FAN, et al.
		Examiner Name	Frank Wei Min Lu
		Group Art Unit	1634
Attorney Docket No.		A-68929-4/RMS/DCF/SRN	

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (3 pages)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Check No. 1982 for \$460.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Self-Addressed Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Please charge any additional fees or credit any overpayment to Deposit Account No. 50-2319 (our Order No. 469249-00065 (A-68929-4/RMS/DCF/SRN))	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robin M. Silva, Reg. No. 38,304	RECEIVED
Signature	<i>Robin M. Silva</i>	NOV 20 2002
Date	8 NOVEMBER 2002	TECH CENTER 1600/2900

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:			11/08/2002
Typed or printed name	Grace de Bos		
Signature	<i>Grace de Bos</i>	Date	8 November 2002

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 460.00

Complete If Known

Application Number	09/779,376
Filing Date	02/07/2001
First Named Inventor	FAN, et al.
Examiner Name	Frank Wei Min Lu
Group Art Unit	1634
Attorney Docket No.	A-68929-4/RMS/DCF/SRN

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-2319
Deposit Account Name	

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	185	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) _____

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** = 0	X	
Multiple Dependent	-3** = 0	X	

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) _____

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	460.00
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,360	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(g)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.128(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 460.00

SUBMITTED BY

Name (Print/Type) Robin M. Silva
 Signature *Robin M. Silva*

Registration No. (Attorney/Agent) 38,304

Complete (if applicable)

Telephone 415/781-1989

Date 11/08/2002

WARNINGS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Attorney Docket No.: A-68929-4/RMS/DCF/SRN [469249-00065]

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

FAN, et al.

Serial No. 09/779,376

Filed: February 7, 2001

For: NUCLEIC ACID DETECTION
METHODS USING UNIVERSAL
PRIMING

) Examiner: Frank Wei Min Lu
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NOV 20 2002

TECH CENTER 1600/2900

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on 8 November 2002.

Signed: _____

Grace de Bos
Grace de Bos

RESPONSE TO OFFICE ACTION

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

This is in response to the Official Action dated May 8, 2002. Reconsideration of the claims in light of the amendments and remarks that follow is kindly solicited. This response is submitted on or before the due date of November 8, 2002, and is filed with a petition for a 3-month extension and requisite fee. It is believed that no additional fees are due in connection with this filing. However, the Commissioner is authorized to charge any additional fees, including extension fees or other relief which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. A-68929-4/RMS/DCF/SRN [469249-00065]).